

## POWER OF ATTORNEY

**I, the undersigned:**

Full Name: \_\_\_\_\_

Identity Number / Company Registration Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(hereinafter referred to as "the Principal"),

do hereby nominate, constitute, and appoint:

Full Name: Winifred Beukes

Identity Number: 8612250158080

(hereinafter referred to as "the Agent"),

to be my true and lawful representative to act for and on my behalf in any matter relating to the Compensation for Occupational Injuries and Diseases Act (COIDA), including but not limited to:

- Accessing and updating our COIDA profile;
- Submitting documentation and declarations;
- Engaging with the Department of Employment and Labour on COIDA matters;
- Changing or updating the nature of business classification;
- Responding to queries and correspondence from the Compensation Fund;
- Signing and submitting any documentation necessary to give effect to this authority.

I hereby ratify and confirm all lawful acts done by the Agent in the execution of this authority.

This Power of Attorney shall remain valid until such time as it is revoked in writing by the Principal.

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature of Principal: \_\_\_\_\_

Full Name: \_\_\_\_\_

Witness 1:

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Witness 2:

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_